

MD. HISTORICAL TRUST
BOX 1704
ANNAPOLIS, MD. 21404NATIONAL REGISTER OF HISTORIC PLACES
INVENTORY - NOMINATION FORM

(Type all entries - complete applicable sections)

STATE:	
COUNTY:	
FOR NPS USE ONLY	
ENTRY NUMBER	DATE

1. NAME

COMMON:

MEDICAL HALL farmer's smoke house

AND/OR HISTORIC:

2. LOCATION

STREET AND NUMBER:

Lane runs southeast from Medical Hall Road about

CITY OR TOWN:

near Churchville

0.9 mi east of Thomas Run Road

STATE

Maryland

CODE

COUNTY:

Harford

CODE

3. CLASSIFICATION

CATEGORY
(Check One)

District

☒ Building

Site

☐ StructureObject ☐

Public

☒ Private

Both

OWNERSHIP

Public Acquisition:

In Process

Being Considered

STATUS

Occupied

☒ UnoccupiedPreservation work
in progressACCESSIBLE
TO THE PUBLIC

Yes:

☒ Restricted

Unrestricted

No:

PRESENT USE (Check One or More as Appropriate)

☒ Agricultural☐ Government☐ Park☐ Transportation☐ Comments

Commercial

☒ Industrial☐ Private Residence☐ Other (Specify)

Educational

☐ Military☐ Religious

Entertainment

☐ Museum☐ Scientific

Home industry

4. OWNER OF PROPERTY

OWNERS NAME:

Miss Anne Hall

STREET AND NUMBER:

Medical Hall Road

CITY OR TOWN:

Bel Air RFD

STATE:

Md 21014

CODE

5. LOCATION OF LEGAL DESCRIPTION

COURTHOUSE, REGISTRY OF DEEDS, ETC.:

CLERK OF THE CIRCUIT COURT

STREET AND NUMBER:

HARFORD COUNTY COURTHOUSE

CITY OR TOWN:

BEL AIR

STATE:

40 S. MA

CODE

ACREAGE

APPROXIMATE ACREAGE OF NOMINATED PROPERTY:

MARYLAND

6. REPRESENTATION IN EXISTING SURVEYS

TITLE OF SURVEY:

DATE OF SURVEY:

Federal ☐State ☐County ☐Local ☐

DEPOSITORY FOR SURVEY RECORDS:

STREET AND NUMBER:

CITY OR TOWN:

STATE:

CODE

STATE:

COUNTY:

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DATE

7. DESCRIPTION

CONDITION	(Check One)					
	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input checked="" type="checkbox"/>	Deteriorated <input type="checkbox"/>	Ruins <input type="checkbox"/>	Unexposed <input type="checkbox"/>
INTEGRITY	(Check One)			(Check One)		
	Altered <input type="checkbox"/>	Unaltered <input checked="" type="checkbox"/>		Moved <input type="checkbox"/>	Original Site <input checked="" type="checkbox"/>	

DESCRIBE THE PRESENT AND ORIGINAL (If known) PHYSICAL APPEARANCE

Stone masonry smokehouse about 12 feet square, the ~~roof~~ peaked roof/ridgeline running east-west. There is a solid-plank wooden door on the south side. A small square opening in the masonry is high in the east and the west gable end wall.

8. SIGNIFICANCE

PERIOD (Check One or More as Appropriate)

Pre-Columbian ☐16th Century ☐18th Century ☒20th Century ☐15th Century ☐17th Century ☐19th Century ☐

SPECIFIC DATE(S) (If Applicable and Known)

AREAS OF SIGNIFICANCE (Check One or More as Appropriate)

Aboriginal ☐Education ☐Political ☐Urban Planning ☐Prehistoric ☐Engineering ☐

Religion/Phi-

Other (Specify) ☐Historic ☐Industry ☒lasaphy ☐Agriculture ☒Invention ☐Science ☐Art ☐Landscape ☐Sculpture ☐Commerce ☐Architecture ☐

Social/Human-

Communications ☐Literature ☐itarian ☐Conservation ☐Military ☐Theater ☐Architecture ☐Music ☐Transportation ☐

STATEMENT OF SIGNIFICANCE (Include Personages, Dates, Events, Etc.)

One of several work buildings on
 his self-sustaining farm where
~~much~~ a great deal of the food
 preparation and production was performed
 by the family, servants and slaves.

9. MAJOR BIBLIOGRAPHICAL REFERENCES

10. GEOGRAPHICAL DATA

LATITUDE AND LONGITUDE COORDINATES DEFINING A RECTANGLE LOCATING THE PROPERTY			OR	LATITUDE AND LONGITUDE COORDINATES DEFINING THE CENTER POINT OF A PROPERTY OF LESS THAN ONE ACRE		
CORNER	LATITUDE	LONGITUDE		LATITUDE	LONGITUDE	
	Degrees Minutes Seconds	Degrees Minutes Seconds		Degrees Minutes Seconds	Degrees Minutes Seconds	
NW	° ' "	° ' "		° ' "	° ' "	
NE	° ' "	° ' "		° ' "	° ' "	
SE	° ' "	° ' "		° ' "	° ' "	
SW	° ' "	° ' "		° ' "	° ' "	

LIST ALL STATES AND COUNTIES FOR PROPERTIES OVERLAPPING STATE OR COUNTY BOUNDARIES

STATE:	CODE	COUNTY	CODE
STATE:	CODE	COUNTY:	CODE
STATE:	CODE	COUNTY:	CODE
STATE:	CODE	COUNTY:	CODE

11. FORM PREPARED BY

NAME AND TITLE:		
ORGANIZATION	DATE	
STREET AND NUMBER:		
CITY OR TOWN:	STATE	CODE

12. STATE LIAISON OFFICER CERTIFICATION

NATIONAL REGISTER VERIFICATION

As the designated State Liaison Officer for the National Historic Preservation Act of 1966 (Public Law 89-665), I hereby nominate this property for inclusion in the National Register and certify that it has been evaluated according to the criteria and procedures set forth by the National Park Service. The recommended level of significance of this nomination is:

National ☐ State ☐ Local ☐

Name _____

Title _____

Date _____

I hereby certify that this property is included in the National Register.

Chief, Office of Archeology and Historic Preservation

Date _____

ATTEST:

Keeper of The National Register

Date _____



HA 252

5900

Dec '10 JSE

Medical Hall Tenant Smokehouse